

BENEFIT SUMMARY - EFFECTIVE 7/1/2012

ITEM <small>(Some provisions do not apply to P/T Employees. Consult MOU's.)</small>	SEIU Local 1021	SEIU Local 1021	SEIU Local 1021	Local 21	HAME	Unrepresented	POA	Police Management	Local 1909	Fire Chiefs	Local 1909	SEIU Local 1021	Unrepresented
	CLERICAL - 100 (011)	MAINT - 300 (031)	CONF - 400 (041)	PROF & TECH ENG- 600 (061)	HAME - 700 (071)	UNREP (Incl. Police & Fire Chief) - 1100 (072)	POLICE - 500 (051)	POL MGMT - 800 (081)	FIRE - 200 (021)	FIRE CHIEFS - 1000 (073)	FIRE OFFICERS	SR. & LIB PAGES (Budgeted & work 20 hrs or more) - 100 (011)	ELECTED OFFICIAL - 1300
1. MAX MONTHLY MEDICAL CONTRIBUTION*													
PERS - One Party	\$1,848.86	\$1,848.86	\$1,848.86	\$769.15	\$711.10	\$639.99	\$1,848.86	\$1,848.86	\$1,848.86	\$1,848.86	\$1,848.86	\$280.00	\$568.88
PERS - Two Party	\$1,848.86	\$1,848.86	\$1,848.86	\$1,300.24	\$1,422.20	\$1,279.98	\$1,848.86	\$1,848.86	\$1,848.86	\$1,848.86	\$1,848.86		\$1,137.76
PERS - Three or More	\$1,848.86	\$1,848.86	\$1,848.86	\$1,587.14	\$1,848.86	\$1,663.97	\$1,848.86	\$1,848.86	\$1,848.86	\$1,848.86	\$1,848.86		\$1,479.09
								See Side Letter for FY13 Provisions					
MOU/Resolution	2nd Highest Plan (Blue Shield - Bay Area)	2nd Highest Plan (Blue Shield - Bay Area)	2nd Highest Plan (Blue Shield - Bay Area)	Kaiser (Add'l amounts for 1 & 2 party)	2nd Highest Plan (Blue Shield - Bay Area)	90% Blue Shield - Bay Area at Enrollment Level	2nd Highest Plan (Blue Shield - Bay Area)	2nd Highest Plan (Blue Shield - Bay Area)	Any Plan except PERSCare	2nd Highest Plan (Blue Shield - Bay Area)	2nd Highest Plan (Blue Shield - Bay Area)	Flat amount for medical, dental, vision and/or life insurance	80% Blue Shield - Bay Area at Enrollment Level
* City pays up to the max monthly contribution based on actual plan selection. Except for Prof & Tech Eng, there is no cash back for selecting a plan under the max monthly contribution amount. HAME members hired or appointed after 4/1/12 will be eligible for an allowance upto 90% of Blue Shield premiums.													
2. MONTHLY ALTERNATIVE BENEFIT IN LIEU OF MEDICAL CONTRIBUTIONS													
One Party	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$75.00	\$150.00	\$610.44	\$150.00	\$150.00		
Two Party	\$270.00	\$270.00	\$270.00	\$270.00	\$270.00	\$270.00	\$125.00	\$270.00	\$1,220.88	\$270.00	\$270.00	NONE	NONE
Three or More	\$350.00	\$350.00	\$350.00	\$350.00	\$350.00	\$350.00	\$125.00	\$350.00	\$1,587.14	\$350.00	\$350.00		
									Kaiser Rate				
3. RETIREE MEDICAL													
Retired	After 12/31/07	After 12/31/07	After 12/31/07	After 12/31/07			After 5/1/2012	Hired into HPMU After 6/12/12					
Paid Directly to PERS	\$112.00	\$112.00	\$112.00	\$112.00	\$112.00	\$112.00	\$112.00	\$112.00	\$112.00	\$112.00	\$112.00		\$112.00
Reimbursed through A/P	<u>\$162.72</u>	<u>\$162.72</u>	<u>\$162.72</u>	<u>\$162.72</u>	<u>\$162.72</u>	<u>\$125.31</u>	<u>\$396.30</u>	<u>\$396.30</u>	<u>\$396.30</u>	<u>\$396.30</u>	<u>\$396.30</u>	NONE	<u>\$125.31</u>
Total Monthly Contribution	<u>\$274.72</u>	<u>\$274.72</u>	<u>\$274.72</u>	<u>\$274.72</u>	<u>\$274.72</u>	<u>\$237.31</u>	<u>\$508.30</u>	<u>\$508.30</u>	<u>\$508.30</u>	<u>\$508.30</u>	<u>\$508.30</u>		<u>\$237.31</u>
Retired	12/30/07 & Before	12/30/07 & Before	12/30/07 & Before	12/30/07 & Before			5/1/2012 & Before	Hired into HPMU 06/12/12 & Before					
Paid Directly to PERS	\$112.00	\$112.00	\$112.00	\$112.00			\$112.00	\$112.00					
Reimbursed through A/P	<u>\$114.01</u>	<u>\$114.01</u>	<u>\$114.01</u>	<u>\$114.01</u>			<u>\$498.44</u>	<u>\$498.44</u>					
Total Monthly Contribution	<u>\$226.01</u>	<u>\$226.01</u>	<u>\$226.01</u>	<u>\$226.01</u>			<u>\$610.44</u>	<u>\$610.44</u>					
Vesting*	10 yrs of City service Effective 1/1/08	10 yrs of City service Effective 1/1/08	10 yrs of City service Effective 1/1/08	10 yrs of City service Effective 1/1/08	10 yrs of City service Effective 1/1/06	NONE	10 yrs of City service Effective 7/1/04	10 yrs of City service Effective 1/1/03	10 yrs of City service Effective 1/1/04	NONE	NONE	N/A	NONE
*Clerical, Maint., Conf. - Current members who had 5 years of continous and regular employment with the City of Hayward as of 12/31/07 will be considered to have met the vesting requirement.													
*Prof &Tech Eng - Current members who had 5 years of continous and regular employment with the City of Hayward as of 7/1/08 will be considered to have met the vesting requirement.													
*Police - Vesting requirement does not apply to Industrial Disability Retirements.													

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	CLERICAL - 100 (011)	MAINT - 300 (031)	CONF - 400 (041)	PROF & TECH ENG- 600 (061)	HAME - 700 (071)	UNREP (Incl. Police & Fire Chief - 1100 (072)	POLICE - 500 (051)	POL MGMT - 800 (081)	FIRE - 200 (021)	FIRE CHIEFS - 1000 (073)	FIRE OFFICERS	SR. & LIB PAGES (Budgeted & work 20 hrs or more) - 100 (011)	ELECTED OFFICIAL - 1300
4. DENTAL PLAN MONTHLY COST *													
Delta Dental - Monthly	EE Only \$64.95	EE Only \$64.95	EE Only \$64.95	EE Only \$74.47	EE Only \$74.47	EE Only \$74.47	EE Only \$68.97	EE Only \$74.47	EE Only \$68.97	EE Only \$74.47	EE Only \$74.47	EE Only \$64.95	EE Only \$74.47
	EE+1 \$110.41	EE+1 \$110.41	EE+1 \$110.41	EE+1 \$126.60	EE+1 \$126.60	EE+1 \$126.60	EE+1 \$117.24	EE+1 \$126.60	EE+1 \$117.24	EE+1 \$126.60	EE+1 \$126.60	EE+1 \$110.41	EE+1 \$126.60
	Family \$168.86	Family \$168.86	Family \$168.86	Family \$193.62	Family \$193.62	Family \$193.62	Family \$179.31	Family \$193.62	Family \$179.31	Family \$193.62	Family \$193.62	Family \$168.86	Family \$193.62
United Concordia - Monthly	EE Only \$24.20	EE Only \$24.20	EE Only \$24.20	EE Only \$24.20	EE Only \$24.20	EE Only \$24.20	EE Only \$24.20	EE Only \$24.20	EE Only \$24.20	EE Only \$24.20	EE Only \$24.20	EE Only \$24.20	EE Only \$24.20
	EE+1 \$60.95	EE+1 \$60.95	EE+1 \$60.95	EE+1 \$60.95	EE+1 \$60.95	EE+1 \$60.95	EE+1 \$60.95	EE+1 \$60.95	EE+1 \$60.95	EE+1 \$60.95	EE+1 \$60.95	EE+1 \$60.95	EE+1 \$60.95
	Family \$60.95	Family \$60.95	Family \$60.95	Family \$60.95	Family \$60.95	Family \$60.95	Family \$60.95	Family \$60.95	Family \$60.95	Family \$60.95	Family \$60.95	Family \$60.95	Family \$60.95
	100% City Paid	80% City Paid	100% City Paid	100% City Paid	100% City Paid	100% City Paid	100% City Paid	100% City Paid	100% City Paid	100% City Paid	100% City Paid	100% City Paid	50% City Paid
* The City will contribute 80% of Dental premiums for HAME and Unrepresented employees hired or appointed after 4/1/12.													
5. VISION PLAN MONTHLY COST													
Exams & Lenses	Every 12 months	Every 12 months	Every 12 months	Every 12 months	Every 12 months	Every 12 months	Every 12 months	Every 12 months	Every 12 months	Every 12 months	Every 12 months	Every 12 months	Every 12 months
Frames	Every 12 months	Every 12 months	Every 12 months	Every 12 months	Every 12 months	Every 12 months	Every 12 months	Every 12 months	Every 12 months	Every 12 months	Every 12 months	Every 12 months	Every 12 months
Vision Service Plan - (VSP) Monthly	\$22.56	\$22.56	\$22.56	\$22.56	\$22.56	\$22.56	\$22.56	\$22.56	\$22.56	\$22.56	\$22.56	\$22.56	\$22.56
	100% City Paid	50% City Paid	100% City Paid	100% City Paid	100% City Paid	100% City Paid	100% City Paid	100% City Paid	100% City Paid	100% City Paid	100% City Paid	100% City Paid	100% City Paid
* The City will contribute 50% of Vision premiums for HAME and Unrepresented employees hired or appointed after 4/1/12.													
6. LIFE INSURANCE													
Coverage	\$50,000 FT & \$25,000 PT	\$50,000 FT & \$25,000 PT	\$50,000 FT & \$25,000 PT	\$50,000 FT & \$25,000 PT	1 X Annual Salary	1 X Annual Salary	NONE - Provided through POA	1 X Annual Salary	NONE - Provided through Local 1909	1 X Annual Salary	1 X Annual Salary	\$25,000	1 X Annual Salary
CIGNA - Monthly	\$9.00 FT & \$4.50 PT	\$9.00 FT & \$4.50 PT	\$9.00 FT & \$4.50 PT	\$9.00 FT & \$4.50 PT	.180 per \$1000/Annual Salary	.180 per \$1000/Annual Salary	N/A	.180 per \$1000/Annual Salary	N/A	.180 per \$1000/Annual Salary	.180 per \$1000/Annual Salary	\$4.50	.180 per \$1000/Annual Salary
7. SHORT TERM/LONG TERM DISABILITY INSURANCE													
Coverage	NONE - Covered by SDI	NONE - Covered by SDI	66 2/3 % of Salary	60% of Salary	66 2/3 % of Salary	66 2/3 % of Salary	NONE - Provided through POA	66 2/3 % of Salary	NONE - Provided through Local 1909	66 2/3 % of Salary	66 2/3 % of Salary	NONE	NONE
CIGNA - Monthly	N/A	N/A	.684% X Monthly Salary	.395% X Monthly Salary* * Employee Paid	.684% X Monthly Salary	.684% X Monthly Salary	N/A	.684% X Monthly Salary	N/A	.684% X Monthly Salary	.684% X Monthly Salary	N/A	N/A
8. STATE DISABILITY INSURANCE/PAID FAMILY LEAVE INSURANCE													
Coverage	Up to \$987/week	Up to \$987/week	NONE	Up to \$987/week	NONE	NONE	NONE	NONE	NONE	NONE	NONE	Up to \$987/week	NONE
EDD - Per Pay Period	1.1% X Salary, Max Withholding \$997.35 (Employee Paid)	1.1% X Salary, Max Withholding \$997.35 (Employee Paid)	N/A	1.1% X Salary, Max Withholding \$997.35 (Employee Paid)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1.1% X Salary, Max Withholding \$997.35 (Employee Paid)	N/A

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9. EMPLOYEE ASSISTANCE PROGRAM													
# of Sessions	10	10	10	7	10	10	20	20	7	7	7	10	NONE
Holman Group - Monthly	\$6.78	\$6.78	\$6.78	\$5.46	\$6.78	\$6.78	\$5.46	\$5.46	\$5.46	\$5.46	\$5.46	\$6.78	N/A
10. RETIREMENT - PERS													
Formula	2.5% @ 55	2.5% @ 55	2.5% @ 55	2.5% @ 55	2.5% @ 55	2.5% @ 55	3% @ 50	3% @ 50	3% @ 50	3% @ 50	3% @ 50	2.5% @ 55	2.5% @ 55, if elected to participate
Employer Rate - Eff 07/01/11	17.981%	17.981%	17.981%	17.981%	17.981%	17.981%	36.493%	36.493%	32.401%	32.401%	32.401%	17.981%	17.981%
Employer Rate - Eff 07/01/12	18.225%	18.225%	18.225%	18.225%	18.225%	18.225%	34.930%	34.930%	32.786%	32.786%	32.786%	18.225%	18.225%
Employee Rate	8.000%	8.000%	8.000%	8.000%	8.000%	8.000%	9.000%	9.000%	9.000%	9.000%	9.000%	8.000%	8.000%
Employee Rate Paid by City (EPMC)	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	9.000%	0.000%	9.000%	9.000%	0.000%	0.000%
Employee Paid Employer Rate						* Police Chief - See Police Mgmt *Fire Chief - See Fire Chiefs	8.450%	8.450%	6.000%	6.000%	6.000%		
11. MEDICARE - Hired After 3/31/86													
Medicare - Per Pay Period	1.45% X Salary (Employee & City Paid)	1.45% X Salary (Employee & City Paid)	1.45% X Salary (Employee & City Paid)	1.45% X Salary (Employee & City Paid)	1.45% X Salary (Employee & City Paid)	1.45% X Salary (Employee & City Paid)	1.45% X Salary (Employee & City Paid)	1.45% X Salary (Employee & City Paid)	1.45% X Salary (Employee & City Paid)	1.45% X Salary (Employee & City Paid)	1.45% X Salary (Employee & City Paid)	1.45% X Salary (Employee & City Paid)	1.45% X Salary (Employee & City Paid)
12. DEFERRED COMPENSATION (GREAT WEST - 457)													
Employer Contribution - Annual	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
13. EDUCATIONAL REIMBURSEMENT													
Annual - Subject to MOU Restrictions & Limit	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	NONE	\$750	NONE	NONE	NONE	NONE	NONE
14. HOLIDAYS													
Annual - Total Days	14.5	14.5	14.5	14.5	14.5	14.5	14	14	(40 hrs) 14	14	14	58 hours	NONE
Christmas Eve - Hours	8	8	8	8	8	8	4	0	4	4	4		
New Year's Eve - Hours	4	4	4	4	4	4	4	0	4	4	4		
14. HOLIDAY PAY													
Per Pay Period	NONE	NONE	NONE	NONE	NONE	NONE	(40 hrs) 6.73 % X Salary*	(40 hrs) 6.73 % X Salary*	(56 hrs) 5.77 % X Salary*	(56 hrs) 5.77 % X Salary*	(56 hrs) 5.77 % X Salary*	NONE	NONE

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	CLERICAL - 100 (011)	MAINT - 300 (031)	CONF - 400 (041)	PROF & TECH ENG- 600 (061)	HAME - 700 (071)	UNREP (Incl. Police & Fire Chief) - 1100 (072)	POLICE - 500 (051)	POL MGMT - 800 (081)	FIRE - 200 (021)	FIRE CHIEFS - 1000 (073)	FIRE OFFICERS	SR. & LIB PAGES (Budgeted & work 20 hrs or more) - 100 (011)	ELECTED OFFICIAL - 1300
15. VACATION LEAVE ACCRUALS													
Annual	1st yr - 80 hrs	1st yr - 80 hrs	1st yr - 80 hrs	1st yr - 80 hrs	1st yr - 80 hrs	1st yr - 80 hrs	1st yr - 80 hrs	1st yr - 80 hrs	(40 hrs)	(40 hrs)	(40 hrs)	1st yr - 80 hrs	NONE
	5-9 yrs -120 hrs	5-9 yrs -120 hrs	5-9 yrs -120 hrs	5-9 yrs -120 hrs	5-9 yrs -120 hrs	5-9 yrs -120 hrs	5-9 yrs - 120 hrs	5-9 yrs -120 hrs	1st yr - 100 hrs	1st yr - 100 hrs	1st yr - 100 hrs	5-9 yrs -120 hrs	
	10 yrs+ -160 hrs	10 yrs+ -160 hrs	10 yrs+ -160 hrs	10 yrs+ -160 hrs	10 yrs+ -160 hrs	10 yrs+ -160 hrs	10 yrs+ - 160 hrs	10 yrs+ -160 hrs	5-14 yrs - 160 hrs	5-14 yrs - 160 hrs	5-14 yrs - 160 hrs	10 yrs+ -160 hrs	
	20 yrs+ - 200 hrs	20 yrs+ - 200 hrs	20 yrs+ - 200 hrs	20 yrs+ - 200 hrs	20 yrs+ - 200 hrs	20 yrs+ - 200 hrs		20 yrs+ - 200 hrs	15 yrs+ - 200 hrs	15 yrs+ - 200 hrs	15 yrs+ - 200 hrs	20 yrs+ - 200 hrs	
									(56 hrs)	(56 hrs)	(56 hrs)	* Prorated based on actual hrs worked	
									1st yr - 169 hrs	1st yr - 100 hrs	1st yr - 100 hrs		
									5-14 yrs - 240 hrs	5-14 yrs - 160 hrs	5-14 yrs - 160 hrs		
								15 yrs+ - 300 hrs	15 yrs+ - 200 hrs	15 yrs+ - 200 hrs			
16. SICK LEAVE ACCRUALS													
Annual	96 hrs	96 hrs	96 hrs	96 hrs	96 hrs	96 hrs	96 hrs	96 hrs	(40 hrs) - 103 hrs	(40 hrs) - 103 hrs	(40 hrs) - 103 hrs	96 hrs	NONE
									(56 hrs) - 144 hrs	(56 hrs) - 144 hrs	(56 hrs) - 144 hrs	*Prorated based on hrs worked	
Max Accumulation	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	N/A
Separation Payoff*	1% X # City service years X Payrate	1% X # City service years X Payrate	1% X # City service years X Payrate	1% X # City service years X Payrate	1% X # City service years X Payrate	1% X # City service years X Payrate	Varies - 0% - 1.5% X City service years X Payrate	Varies - 0% - 1.5% X City service years X Payrate	1% X # City service years X Payrate	1% X # City service years X Payrate	1% X # City service years X Payrate	1% X # City service years X Payrate	N/A
*Employee must leave in good standing. Also, employee must have 20 yrs of City service at time of separation or separate due to retirement or death. HAME and Unrepresented employees hired after 4/1/2012 are not eligible for sick leave payout upon separation.													
17. UNIFORM ALLOWANCE													
Annual	\$275	\$175 - Safety Shoes	NONE	\$275 - Police ID Spec	\$195 - Safety Shoes	\$480 - Fire Chief	\$440	\$440	\$360 - (40 hrs)	\$480	\$480	NONE	NONE
				\$200 - Safety Shoes		\$440 - Police Chief			\$430 - (56 hrs)				
				\$125 - Prescription Safety Glasses									
18. EDUCATIONAL INCENTIVE													
Per Pay Period	NONE	NONE	NONE	NONE	NONE	NONE	2.5 % X Salary cont. up to 7.5% X Salary perm	2.5 % X Salary cont. up to 7.5% X Salary perm (no COP)	2.5 % X Salary cont. up to 5% X Salary perm - 7.5% X Salary perm w/10	2.5 % X Salary cont. up to 5% X Salary perm - 7.5% X Salary perm w/10	2.5 % X Salary cont. up to 5% X Salary perm - 7.5% X Salary perm w/10	NONE	NONE